AUTHORIZATION TO RELEASE HEALTH INFORMATION

PLEASE COMPLETE ENTIRE FORM

Name of Provider/Facility: I hereby authorize VILLA	GE FAMILY PRA	CTICE to release	health reco	rds information on:
Patient Name:	Date Of Birth:	Soc	cial Security	y #
Patient Phone Number Primary#:	Secondary#:			
For Healthcare Covering the Periods from For the purpose(s)of:				lates
PLEASE RELEASE RECORDS TO:				
Name of Provider/Facility				_
Address: State:				
I □do □ do not (check applicable box) authorize this Fax Number: Name of P		•		_
I understand that the information in my health record mimmunodeficiency syndrome (AIDS), or human immur mental health services, and treatment for alcohol and discontinuous an	nodeficiency virus (l	-	-	
Yes, I consent to the release of this information	_ No, I do not conse	nt to the release o	f this inforn	nation.
REVOCATION: I understand that this authorization made been taken in response to this authorization for the purpose.	•	ting at any time, e	xcept the ex	stent that actions have already
Unless otherwise indicated, this authorization will expireleased from any legal responsibility or liability for dis	• • • •	_		
Medical care is not conditional upon the signing of this WARNING: Your Personal Health Information (PF		osed by the receiv	ving entity.	
I understand that there may be a fee for preparing and furnishing this information				
Signature of Patient or Legal Representative	Relati	onship to Patient		Date
COMPLETE ONLY IF INFORMATION IS TO BE REI I understand that my medical records may contain reports, tes advised that I should contact my physician regarding the entri contained in these entries. I will not hold result of not consulting my physician for the correct interpreta-	st results, and notes that ies made in my medica liable for	nt only a physician c	my misunder	
Signature of Patient or Legal Representative	Rela	tionship to Patient		Date
Preparation Fee \$25.00 for the first 20 pages \$0.50 per additional page Copy OF Billing Records \$25.00				
TO BE COMPLETED BY VILLAGE FAMILY PRATICE STAFF ONLY!				
Date request completed# pages copied _	Charges	\$		
Send out by Method	MailedF	axed Picked	up	